Indeed, their effect on the patient's appetite was generally so bad, as very speedily to cause them to be given up.

"Hot drinks, not necessarily containing alcoholics, even hot water, or hot milk-and-water, were found very useful in preventing rigors, which a cold drink would inevitably have hastened. I have been led to lay great stress on the importance of delaying the dressing of the patient's wounds, when his skin is moist, or he feels a rigor to be imminent, and selecting such times as he himself will soon learn to recognize as the most suitable, as involving the least risk of chill.

"I must conclude by adding, that no case will ever recover from pyæmia, without the most careful and devoted nursing."

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39. *Chloral in Tetanus.*—M. **Verneuil** lately reported to the Imperial Society of Surgery a severe case of tetanus cured by chloral. and another not less severe was soon after reported to the same society by Messrs. Dubreuil, Lavaux, and Onimus, successfully treated by the same article combined with continuous electric currents, a fourth case, also successful, was communicated by Dr. Dufour, Assistant Physician to the Ophthalmic Hospital of Lausanne.

Two cases of failure have likewise been reported to the same society, one occurring in the practice of M. Guyon and the other in that of M. Le Fort. M. Guyon stated that in the case reported by him chloral afforded relief, though only temporary. Each time it was given it afforded ease to the patient and produced sleep, and he thinks that if chloral be not a specific and heroic remedy for tetanus, it is at least a useful adjuvant used concurrently with other means as sudorifics, electric currents, etc.

In M. Le Fort's case chloral also afforded relief though it failed to effect a cure. M. Verneuil, in commenting upon this case, called attention to the important fact shown by it, which is that chloral has undoubted powers of arresting contractions of the exterior muscles, but unfortunately fails to arrest those of the respiratory ones, which it is most important to restore to their regular functions; and it is to this last circumstance the failure of chloral seems due. It is therefore necessary to join to chloral, the utility of which is incontestable, some other means which shall exert a special influence on the contractions of the respiratory muscles. This means M. Verneuil thinks is the continuous electric current, which possesses the positive power of arresting the spasm of the respiratory muscles, and thus preventing asphyxia, as in the case of MM. Dubreuil, Lavaux, and Onimus.—*L'Union Méd.*, May 21, 1870.

Mr. **Tay**, Assistant Surgeon to the London Hospital, reports (*Brit. Med. Journal*, April 2, 1870) a case of tetanus, in a woman forty years of age, treated by chloral unsuccessfully, but life seemed to be prolonged by the remedy and it clearly produced certain definite effects. It was given in doses of a drachm by the mouth and two drachms by the rectum, relieving the patient from the agonies of impending suffocation caused by tetanic spasm, and causing calm sleep and muscular relaxation.

Another case is recorded (*Brit. Med. Journal*, April 2, 1870) by Mr. E. R. **Denton**, in which recovery took place. The subject of it was a boy, æt. 18, the disease resulting from an injury. Mr. D. says, "The severity of the symptoms during the first week led me to form a very unfavourable prognosis, but the steady improvement after the administration of the hydrate of chloral, assisted by the bromide of potassium and that of belladonna, leads me to hope that in them we have agents which, in some instances at least, may be found efficacious in combating so frightful a disease."

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40. *Use of Hydrate of Chloral for the Relief of Pain in Cancer.*—Mr. F. E. **Clarke** extols (*Lancet*, April 16, 1870) chloral as a palliative in malignant disease. He regards it as the best palliative in cancer for alleviating pain, and by its beneficial effects it enables the constitution to hold out longer against the ravages of the diseases, and "thereby afford a much greater chance of spontaneous cure, rare instances of which occur by the sloughing of the entire mass."

Mr. **Weeden Cooke**, Surgeon to the Cancer Hospital also bears strong testimony (*Lancet*, April 30, 1870) to the value of chloral for the relief of pain in cancer and its superiority over other means hitherto employed for that purpose. As a night draught he has found twenty grains quite sufficient, but when the pain is persistent, ten-grain doses three times a day give the greatest satisfaction. There is no headache, no sickness, no loss of appetite, nothing to hinder the patient taking exercise, and, so far as the disease will permit, pursuing his usual avocations.

Dr. C. C. COOKE states (*Lancet*, March 19, 1870) that a patient of his suffering from cancer of the uterus has found more relief from pain and obtained more sleep since taking chloral than she had done from any other remedy.

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41. *Chloral for the Relief of the severe Pain of Burns.*—M. MARJOLIN stated to the Imperial Society of Surgery that he had administered the hydrate of chloral internally to relieve the severe pain from burns, and with complete relief to the patient. When the chloral is vomited he gives it by injection per rectum in the dose, of 0.50 centigrammes.—*L' Union Médicale*, May 19, 1870.

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42. *Hydrate of Chloral for the Relief of the Pain from Surgical Injuries.*—According to the experience of the surgeons of the Royal Infirmary, Edinburgh: "In many surgical injuries, when great pain is experienced, it is generally the means, in doses of thirty or forty grains, of diminishing the suffering without of necessity causing hypnotism; but if the dose is increased, sleep is produced. After severe accidents or capital operations, similar beneficial results, in most instances, follow its administration."—*Brit. Med. Journal*, April 30, 1870.

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43. *Indications for, and Results of, Trephining.*—Baron LARREY, from an analysis of one hundred and sixty cranial lesions, draws the conclusions that trephining should be reserved for certain well-defined cases where the indications are perfectly clear, whilst they should not be undertaken precipitately or under doubtful circumstances, lest the already present conditions be aggravated and the fatal termination hastened; and this is the more strenuously urged, because he thinks the prompt and rational application of other remedial means can in many instances materially aid the resources of nature, even in injuries of the gravest character.

The indications for trephining Baron Larrey shortly tabulates as follows: 1. Trephining should be performed in fractures of the vault of the cranium produced either by simple penetration to a greater or less depth, or complicated by the driving in of fragments, when the laceration of the dura mater or the lesion of the brain sets up grave and persistent symptoms, and when efforts at replacement of the fragments by other means than trephining are found to be impracticable. 2. In fractures complicated with the impaction of foreign bodies or projections in the substance of the cranial bones or in the superficial layers of the brain, with persistent symptoms, and impossibility of removal of the foreign bodies by other means. 3. In various mechanical lesions of the head, complicated with serious cerebral mischief, and of a persistent nature, such as contusion and compression of the brain, or even prolonged hemiplegia, with effusion of blood or pus, where this is supposed to be of a circumscribed nature; provided, however, that the local lesion is well defined, and, above all, that active therapeutic means produce no effect; this last being an extremely important reservation.

The contraindications to trephining, on the other hand, are as follows: 1. It should not be performed when the foreign body, having penetrated the skull, is lost in the deep parts of the brain, or becomes inaccessible to instruments. 2. If the blood or pus effused within the cranium does not appear to form a focus in communication with the opening in the bone. 3. In every fracture, whatever may be its extent, which is not complicated by the impaction of fragments, nor by persistent symptoms of compression or paralysis. 4. In the state of cerebral disturbance, or of more or less profound coma, either with or without localized lesion. 5. When convulsions of an indeterminate, or epileptiform, character are present, since these are probably susceptible of cure. 6. In dif-